



2025 Credential Renewal Form

Name of District: _____

Personal information: (Please check if this is a change of address) () Date ____/____/____

Name _____ Address _____

City _____ State _____ Zip _____ Home phone (____)_____

Office phone (____)_____ Office fax (____)_____ Cell Phone (____)_____

E-mail _____

Church you attend:

Pastor's name _____ Please check if self ()

Church name _____ Denomination name _____

Church address _____ City _____ State _____

Zip _____ Phone (____)_____ Fax (____)_____ E-mail _____

Ministry information:

Did you financially support the National IFCA in 2024 according to our present financial policy?

Yes _____ No _____ If not, please explain: _____

Did your church support the National IFCA in 2024 according to our present financial policy?

Yes _____ No _____ If not, please explain: _____

Did you attend the IFCA National Convention in 2024? Yes _____ No _____

Did you attend your District Council meeting in 2024? Yes _____ No _____

Did you attend any other District meetings/events in 2024? Yes _____ No _____

Which other meetings/events? _____

How many times did you minister last year (e.g. – pulpit, SS class, men's ministry, etc) _____

Do you continue to support the IFCA's doctrines and tenants of faith? Yes _____ No _____

Check the credential level you are applying to renew: OM _____ MG _____ LP _____ CW _____

Are you in full time ministry? Yes _____ No _____ Are you considering full time ministry? _____

Please enclose a check for \$50.00 made out to the IFCA and return to your appropriate District Office

(All Renewal Forms received after the second Friday of January 2025 may be assessed a \$50.00 late fee)

District Use Only

Renewed _____ Refused _____ Reason _____

District Officer's Signature _____ Date _____

Date Received ____/____/____ Check number _____ Amount \$ _____